PRINTED: 03/26/2010 FORM APPROVED

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING CPA-0075 03/17/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1438 RHODE ISLAND AVENUE NE CATHOLIC CHARITIES OF THE ARCHDIOCESI WASHINGTON, DC 20018 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)(EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 An annual inspection was conducted on March 17, 2010. The survey findings were based on record review and staff interview. The sample sizes were three (3) employee records based on Division Director of Children Services, Catholic a census of three (3), and (7) home study records Charities, will implement corrective actions for based on a census of seven (7). employees within the agency effective April 1, 04-01-2010 The agency was found to be in substantial Staff Records- CC Central Services manages all compliance with Title 29 Chapter 16, Standards personnel files. Files are managed by HR of Placement, Care, and Services for Child Manager and are reviewed for compliance Placing however deficiencies were cited. monthly. All Clearances are placed on a tickler system and staff is notified 60 days before the S 103 1611.1(k) Personnel Records current Clearance expires. This system went into S 103 effect in August 2008. (k) Physical examination reports required in Personnel File - Clearance Compliance section 1612.2; 19 - 2008 The HR clearance data base will track the due This CONDITION is not met as evidenced by: dates of required clearances and other Based on record review and interview, the agency documentation. failed to ensure that one (1) of three (3) 2. Using this data base, HR Manager will provide employees had available for review, a current an email notification to the specific staff member physical examination report as required in section of all items that must be completed at 60 days and at 30 days prior to the expiration of that item. 1612.2. (Employee #3) 3. The email notification of that item will include specific instructions of what that staff person must do and, if appropriate, a specific form that The finding includes: must be completed for that action to be accomplished. Review of personnel records on March 17, 2010. A copy of the email is sent to the Program at approximately 3:30 p.m., revealed that Manager and Division Director, and it is their employee #3 did not have available for review a responsibility to insure that the staff member current physical examination report. completes their responsibility. They are encouraged to take action at the 60 day mark. Interview with the Division Director on March 17, Health Statement, Drug Test, and relevant Training it is solely the responsibility of the staff 2010, at approximately 4:15 p.m., confirmed the member to secure the final documentation and findings. submit it to the HR Manager prior to expiration. During quarterly file reviews, the goal is 100% compliance. If files are found to be out of compliance, staff are notified and given 15 days to complete necessary documents. Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Division Director

TITLE

(X6) DATE
4-14-2010

STATE FORM

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If continuation sheet 1 of 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/S IDENTIFICAT		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
CPA-0075				B. WING			03/17/2010	
NAME OF PROVIDER OR SUPPLIER STREET AD			STREET ADD	DRESS, CITY, STATE, ZIP CODE				
				DDE ISLAND AVENUE NE GTON, DC 20018				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S 000	Initial Comments			S 000				
	An annual inspection was conducted on March 17, 2010. The survey findings were based on record review and staff interview. The sample sizes were three (3) employee records based on a census of three (3), and (7) home study records based on a census of seven (7). The agency was found to be in substantial compliance with Title 29 Chapter 16, Standards of Placement, Care, and Services for Child Placing however deficiencies were cited. 1611.1(k) Personnel Records (k) Physical examination reports required in section 1612.2; This CONDITION is not met as evidenced by: Based on record review and interview, the agency failed to ensure that one (1) of three (3) employees had available for review, a current physical examination report as required in section 1612.2. (Employee #3) The finding includes: Review of personnel records on March 17, 2010, at approximately 3:30 p.m., revealed that employee #3 did not have available for review a current physical examination report.			S 103	Charities, will impleme employees within the a 2010. Staff Records- CC Cen personnel files. Files Manager and are remonthly. All Clearance system and staff is not current Clearance expire effect in August 2008. Personnel File – Clearance data dates of required documentation. Using this data base, I an email notification to of all items that must and at 30 days prior to the specific instructions of must do and, if approping must be completed accomplished. A copy of the email Manager and Division responsibility to insure completes their respencouraged to take action and a contract of the completes their respencouraged to take action and the completes their respencies accompletes their respencouraged to take action and the completes action to the completes their respencies action to the completes their respencies action to the complete to take action to the complete the complete their respencies their respencies the complete to take action to the complete the complete to take action to the complete the complete to take action to the complete	Staff Records- CC Central Services manages all personnel files. Files are managed by HR Manager and are reviewed for compliance monthly. All Clearances are placed on a tickler system and staff is notified 60 days before the current Clearance expires. This system went into effect in August 2008. Personnel File – Clearance Compliance The HR clearance data base will track the due dates of required clearances and other documentation. Using this data base, HR Manager will provide an email notification to the specific staff member of all items that must be completed at 60 days and at 30 days prior to the expiration of that item. The email notification of that item will include specific instructions of what that staff person must do and, if appropriate, a specific form that must be completed for that action to be		04-01-2010
	2010, at approxima findings.	tely 4:15 p.m., confir	med the		framing it is solely the member to secure the submit it to the HR Mar 6. During quarterly file recompliance. If files compliance, staff are not complete necessary d	final documenager prior to e eviews, the go are found to otified and giv	ntation and xpiration. al is 100% be out of	

Health Regulation Administration

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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